

AUTO CR - LOG SUMMARY #1054992

TYPE: INFO

Incident Finding / Overall Case Finding

| Description of Incident | Finding | Entered By | Entered Date |
|---|----------------|------------|--------------|
| IT IS REPORTED THAT THE INVOLVED MEMBERS OBSERVED THE SUBJECT ON THE CORNER YELLING OUT, "GOT THAT WEED" WHILE ROLLING A CIGAR THAT IS KNOWN FOR SMOKING CANNABIS/WEED, "BLUNT." IT IS REPORTED THAT WHEN THE INVOLVED MEMBERS ATTEMPTED TO PLACE THE SUBJECT INTO CUSTODY HE FLED ON FOOT. BEFORE THE SUBJECT WAS PLACED INTO CUSTODY OFFICER CARRETO TASERED HIM. | (None Entered) | | |

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------------|---------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | O'SULLIVAN, BARBARA A | | 013 / | LIEUTENANT OF POLICE | F | WHI | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 22-JUN-2012 11:57 - 22-JUN-2012 11:57 | | 1331 | 013 | 304 - STREET | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Other Involved Parties

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------|-------------------|---------|-----------|----------------|-----|------|---------|-------|
| CPD Employee | Involved Member | GUERECIA, ANTONIO | 6486 | 013 / | POLICE OFFICER | M | S | | |
| CPD Employee | Involved Member | CARRETO, FERNANDO | 6083 | 013 / | POLICE OFFICER | M | S | | |
| NON-CPD | Victim/Subject | | | | | M | BLK | | |

Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
|------|-----------------|----------------|--------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Civil Suit Settled Date: | |
| Notify Chief Administrator? | N | Notify Chief? | |
| Notify Coordinator? | | Notification Does Not Apply? | Y |
| Notification Other? | N | | |
| Notification Comments: | | | |

Incident Category List

| Incident Category | Primary? | Initial? |
|--|----------|----------|
| 20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE | Y | Y |

Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|

Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|-----------------|----------------------------|-----------|----------|
| ADMINISTRATIVELY CLOSED | 29-OCT-2012 12:41 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| CLOSED AT C.O.P.A. | 29-OCT-2012 12:41 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| PENDING ASSIGN TEAM | 24-JUN-2012 01:48 | TILLMAN, PAULA | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 23-JUN-2012 11:24 | STEWART, DENISE | INTAKE AIDE | 113 / | |
| PRELIMINARY | 23-JUN-2012 11:23 | STEWART, DENISE | INTAKE AIDE | 113 / | |
| PRELIMINARY | 23-JUN-2012 08:18 | STEWART, DENISE | INTAKE AIDE | 113 / | |
| PRELIMINARY | 23-JUN-2012 08:14 | STEWART, DENISE | INTAKE AIDE | 113 / | |
| PRELIMINARY | 23-JUN-2012 02:28 | CHIBE, JOHN | POLICE OFFICER | 116 / | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|----------------------|------------------|-----------------|-------------------|----------|-----------------|-------------------|
| 1 | FACE SHEET | | | | | CHIBE, JOHN | 23-JUN-2012 02:28 | | | |
| | DOCUMENTS - INTAKE INCIDENT | | 12 | | N | STEWART, DENISE | 23-JUN-2012 08:17 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 1 | SERIAL | N | STEWART, DENISE | 23-JUN-2012 10:59 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 3 | | N | STEWART, DENISE | 23-JUN-2012 08:08 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | OFC. F. CARRETO#6083 | N | STEWART, DENISE | 23-JUN-2012 08:04 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | OFC.E.SLEDGE#7704 | N | STEWART, DENISE | 23-JUN-2012 08:11 | DELETED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | OF.A. GUERCA#6486 | N | STEWART, DENISE | 23-JUN-2012 11:22 | APPROVED | | |

Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

FACE SHEET (Notification Date: 23-JUN-2012) - LOG #1054992

TYPE: INFO

Reporting Party Information

| | Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------------------|-----------------------|----------|---------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Third Party | O'SULLIVAN, BARBARA A | | | 013 / | LIEUTENANT OF POLICE | F | WHI | | |

Incident Information

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Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|-----|
| CR Required? | | Manner Incident Received? | PAX |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | | |
| Motor Vehicle (V)? | | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Notify Chief? | |
| Notify Chief Administrator? | N | Notification Does Not Apply? | Y |
| Notify Coordinator? | | | |
| Notification Other? | N | | |

Initial Incident Category List

| Initial Incident Category | Primary? |
|--|----------|
| 20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE | Y |

Assignment History

| Assigned To | Assigned Team | Investigator | Assignment Date/Time | Assigned By | Reason |
|-------------|--|--------------|----------------------|-------------|--------|
| IPRA | CIVILIAN OFFICE OF POLICE ACCOUNTABILITY | - | 23-JUN-2012 02:28 | CHIBE, JOHN | |

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|-----------------|----------------------------|-----------|----------|
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| PRELIMINARY | 23-JUN-2012 02:28 | CHIBE, JOHN | POLICE OFFICER | 116 / | |

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | |
|---|--|-------------------------------|--|--|--|
| MEMBER INVOLVED | 1 DATE OF INCIDENT 22-JUN-2012 | 2 TIME 23:57:00 | 3 ADDRESS OF OCCURRENCE [REDACTED] | 3 LOCATION CODE 303 | 4 BEAT/OCCUR 1331 |
| | 5 POSITION 9161 | 6 LAST NAME CARRETO | 7 FIRST NAME FERNANDO | 8 STAR NO 6083 | 9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F |
| | 10 RACE CODE S | 11 AGE [REDACTED] | 12 HT 510 | 13 WT 215 | |
| SUBJECT INFORMATION | 14 DATE OF APPT 18-DEC-2006 | 15 EMPLOYEE NO [REDACTED] | 16 UNIT & BEAT OF ASSIGNMENT 013 1363B | 17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |
| | 19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 20 LAST NAME [REDACTED] | 21 FIRST NAME [REDACTED] | 22 M I [REDACTED] | 23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F |
| | 24 RACE BLK | 25 D O B [REDACTED] | 26 HT 508 | 27 WT 160 | |
| REASON FOR USE OF FORCE (Check all that apply) | 33 WHERE WAS MEDICAL TREATMENT OBTAINED? | | 34 BY WHOM? | 35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid | |
| | 36 CHARGES PLACED 720 ILCS 5.0/31-1-A, 10-8-515, 720 ILCS 550.0/4-C, 720 ILCS 550.0/5.2-C | | 37 CB NO [REDACTED] | IR NO <input type="checkbox"/> DNA | |
| | | | | | |
| SUBJECT'S ACTIONS | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT ASSAULT |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> |
| | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> |
| | ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | KICKS <input type="checkbox"/> |
| WEAPON DISCHARGE INCIDENT | WRESTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> |
| | ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input checked="" type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> |
| | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | OTHER _____ |
| CASE INFO. | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | |
| | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | |
| | OTHER _____ | | OTHER _____ | | |
| SIGNATURES | 38 DNA <input type="checkbox"/> | | | | |
| | 39 DNA <input type="checkbox"/> | | | | |
| | 40 ADDITIONAL INFORMATION FIRST AND SECOND TASER PULL NOT SUCCESSFUL. BOTH TASER PRONGS FAILED TO ATTACH THEMSELVES TO OFFENDER. TAKE DOWN WAS ADMINISTERED. | | | | |
| SIGNATURES | 41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial |
| | 44 WEATHER CONDITIONS CLEAR | | 45 MAKE/MANUFACTURER | | 46 MODEL |
| | 47 BARREL LENGTH | | 48 CALIBER/GAUGE | | |
| SIGNATURES | 49 TASER DART ID NO C3100YNK8 | | 50 WEAPON SERIAL No (Include Letters) X00-560752 | | 51 CHICAGO GUN REG NO |
| | 52 IL FIREARM OWNER ID NO | | 53 HANDGUN CERTIFICATE NO | | |
| | 54 SPECIAL WEAPON CERTIFICATE NO | | 55 PROPERTY INVENTORY NO | | 56 TYPE OF AMMUNITION USED |
| SIGNATURES | 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58 TOTAL NO OF SHOTS MEMBER FIRED | | |
| | 59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED |
| | 62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD |
| SIGNATURES | 65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT |
| | 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | |
| | 70 EVENT NO | | | | |
| SIGNATURES | 71 R D NO | | | | |
| | 72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR | | | | |
| | NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV | | | | |
| SIGNATURES | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report | | | | |
| | 73 REPORTING MEMBER (Print Name) CARRETO, FERNANDO | | | | |
| | STAR/EMPLOYEE NO 6083 | | | | |
| SIGNATURES | SIGNATURE [REDACTED] | | | | |
| | 23-JUN-2012 01:08:54 | | | | |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below | | | | |
| SIGNATURES | 74 REVIEWING SUPERVISOR (Print Name) MANNING, RYAN M | | STAR NO 844 | | SIGNATURE [REDACTED] |
| | DATE REVIEWED 23-JUN-2012 01:21:26 | | TIME 23-JUN-2012 01:21:26 | | |
| | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The arrestee related to R/Lt not verbatim that he ran from the officers because he did not know they were the police

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers in this case acted within Department rules, regulations, directives and laws in regards to this incident

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1054992 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

O'SULLIVAN, BARBARA A

SIGNATURE

DATE COMPLETED

TIME

23-JUN-2012 02:07:05

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD #: [REDACTED]
Case ID: [REDACTED]
EVENT #: [REDACTED]

| | | | |
|----------|--|----------------|---|
| INCIDENT | APPROVAL COMPLETE | | |
| | IUCR: 1822 - Narcotics - Manu/Del:Cannabis Over 10 Gms | | |
| | Occurrence Location: [REDACTED] 303 - Sidewalk | Beat: 1331 | Unit Assigned: 1363E RO Arrival Date: 22 June 2012 23:51 |
| | Occurrence Date: 22 June 2012 23:51 | # Offenders: 1 | |

| | | | |
|-----------------|---|--|-----------------------|
| NON-OFFENDER(S) | VICTIM - Individual | | Police Officer |
| | Name: CACERES , Richard 937 N Wood St Chicago, Illinois | | |
| | Beat: 1322 | | |
| | Sobriety: Sober CPD Officer: Yes | | |

| | | | |
|-----------------|---|--|-----------------------|
| NON-OFFENDER(S) | VICTIM - Individual | | Police Officer |
| | Name: CARRETO, Fernando 937 N Wood St Chicago, Illinois | | |
| | Beat: 1322 | | |
| | Sobriety: Sober CPD Officer: Yes | | |

| | | | |
|-----------------|--|--|-----------------------|
| NON-OFFENDER(S) | VICTIM - Individual | | Police Officer |
| | Name: ESCALANTE, Edwardo 937 N Wood St Chicago, Illinois | | |
| | Beat: 1322 | | |
| | Sobriety: Sober CPD Officer: Yes | | |

| | | | |
|-------------------------------|--|---------------------|--|
| INJURY(S) | Injury Info (ESCALANTE,Edwardo - Victim) | | |
| | Extent: Minor | | |
| | CFD First Aid Given? Yes | Hospital [REDACTED] | |
| | Responding Unit: AMBULANCE 45 | | |
| Physician Name: DR. SMIT SHAL | | | |
| <u>Type</u> | | <u>Weapon Used</u> | |
| Other | | Other | |

| | | | |
|------------|------------|--|--|
| SUSPECT(S) | [REDACTED] | | |
| | [REDACTED] | | |

RD #
[REDACTED]

| | | |
|------------|---|--|
| SUSPECT(S) | Suspect # 1 | |
| | Name: [REDACTED] Res: [REDACTED] Beat: 1125 | Demographics Male Black 5'08, 160 lbs , Brown Eyes Black Hair Short Hair Style Dark Complexion Scar Marks Descr: Mya Tattoo on Upper Left Arm |
| | DOB: [REDACTED] Age: 22 years Birth Place: Illinois | |

| | |
|--------------|---|
| RELATIONSHIP | CACERES , Richard (Victim) is a No Relationship of [REDACTED] (Offender) |
| | CARRETO, Fernando (Victim) is a No Relationship of [REDACTED] (Offender) |
| | ESCALANTE, Edwardo (Victim) is a No Relationship of [REDACTED] (Offender) |

| | | |
|-----------------------|------------------------------|---------------------------------|
| GANG INFO | Incident Related Info | |
| | [REDACTED] (Suspect) | |
| | Affiliation: MEMBER | Gang Identifications: Admission |
| Gang Name: [REDACTED] | | |

| | | | |
|--|-----------------------------------|----------------------------|----------------------------|
| NARCOTICS | Narcotics #1 | | Possessor/User: [REDACTED] |
| | Type: Cannabis/Generic | Location found: On Person | Taken/Stolen? No |
| | Weight: .7 Grams | Packaging: Other | Recovered? Yes |
| Inventory #: [REDACTED] | | Owner: [REDACTED] | |
| Quantity: 2 | | | |
| Container Containing Packages: Hand Rolled Cigar/ Plastic Baggie Containing Susp. Cannabis | | | |
| Narcotics #2 | | Possessor/User: [REDACTED] | |
| Type: Cannabis/Generic | Location found: On Person | Taken/Stolen? No | |
| Weight: 12 Grams | Packaging: Knotted Plastic Bag(S) | Recovered? Yes | |
| Inventory #: [REDACTED] | Owner: [REDACTED] | | |
| Quantity: 1 | | | |

| | | |
|---|-------------------|----------------------------|
| Property #1 | | Possessor/User: [REDACTED] |
| Quantity: 8 | | Used as Weapon? No |
| Inventory #: [REDACTED] | | Taken/Stolen? No |
| Description: Clear Plastic Zip-Lock Baggies | Owner: [REDACTED] | Recovered? Yes |
| Property Type: Other | | |

OTHER PROPERTIES

NARRATIVES

EVENT [REDACTED] ADDRESS OF ARREST [REDACTED] NO INVESTIGATIVE ALERTS, NAME CHECK CLEAR PER LEADS, SELF ADMITTED BLACK SOUL STREET GANG MEMBER. A/O'S WERE ON ROUTINE PATROL IN LOCATION KNOWN FOR NARCOTIC SALES/GANG VIOLENCE. A/O'S OBSERVED ABOVE SUBJECT ON THE STREET CORNER YELLING OUT "GOT THAT WEED," WHILE ROLLING UP A CIGAR THAT IS KNOWN FOR SMOKING CANNABIS/BLUNT, "WEED" IS A KNOWN STREET TERM FOR CANNABIS. A/O'S APPROACHED TO MAKE THE ARREST FOR SOLICITING UNLAWFUL BUSINESS, AS A/O'S EXITED THEIR VEHICLE ABOVE SUBJECT THEN FLED ON FOOT. WHILE A/O'S GAVE CHASE A/O ESCALANTE #11360 OBSERVED ABOVE SUBJECT TOSS TO THE GROUND, (1) HAND ROLLED CIGAR CONTAINING SUSPECT CANNABIS, AND (1) CLEAR PLASTIC ZIP-LOCK BAGGIE CONTAINING SUSPECT CANNABIS, BOTH ITEMS WERE RECOVERED BY A/O ESCALANTE #11360. A/O'S CONTINUED THE CHASE WHILE RADIOING IN FOR ASSISTANCE. DURING THE CHASE A/O ESCALANTE LOST HIS FOOTING AND FELL TO THE GROUND CAUSING NUMEROUS INJURIES. SUBJECT ABOVE WAS THEN SHORTLY PLACED INTO CUSTODY BY P.O. CARRETO #6083 AND P.O. GUERECA #6486 PRIOR TO BEING PLACED INTO CUSTODY SUBJECT ABOVE WAS UNSUCCESSFULLY TASERED BY P.O. CARRETO #6083, AFTER OFFENDER CONTINUED TO FLEE WHILE BEING GIVEN SEVERAL VERBAL COMMANDS TO STOP. A CUSTODIAL SEARCH WAS CONDUCTED ON SUBJECT ABOVE A/O CACERES #9141 DISCOVERED (1) CLEAR PLASTIC KNOTTED SANDWICH BAG CONTAINING SUSPECT CANNABIS, AND (8) CLEAR PLASTIC ZIP-LOCK LOOSE EMPTY BAGGIES BOTH IN HIS RIGHT FRONT PANT POCKET. SUBJECT ABOVE WAS WITHIN 1000 FT. OF [REDACTED] ELEMENTARY SCHOOL WHILE IN POSSESSION OF CANNABIS. SUBJECT WAS PLACED INTO CUSTODY, AND TRANSPORTED INTO 013 DISTRICT FOR PROCESSING. INV# [REDACTED] FOR HAND ROLLED CIGAR CONTAINING SUSPECT CANNABIS AND PLASTIC BAGGIE CONTAINING SUSPECT CANNABIS, INV# [REDACTED] FOR PLASTIC SANDWICH BAG CONTAINING SUSPECT CANNABIS, INV# [REDACTED] FOR LOOSE EMPTY BAGGIES.

- STAR#: 9141 NAME: RICHARD CACERES BEAT: 1363E
- STAR#: 11360 NAME: EDUARDO ESCALANTE BEAT: 1363E
- STAR#: 16125 NAME: KIMBERLY VALENTI BEAT: 1363E
- STAR#: 6083 NAME: FERNANDO CARRETO BEAT: 1363B
- STAR#: 6486 NAME: ANTONIO GUERECA BEAT: 1363B

PERSONNEL

| | Star No | Emp No | Name | User | Date | Unit | Beat |
|-------------------|---------|------------|------------------|------------|-------------------|------|-------|
| Reporting Officer | 9141 | [REDACTED] | CACERES, Richard | [REDACTED] | 23 Jun 2012 02:47 | 013 | 1363E |

IUCR ASSOCS.

| Victim | IUCR | Crime | Offender |
|-----------|------|---|------------|
| CACERES | 1822 | Narcotics - Manu/Del:Cannabis Over 10 Gms | [REDACTED] |
| ESCALANTE | 1822 | Narcotics - Manu/Del:Cannabis Over 10 Gms | |
| CARRETO | 1822 | Narcotics - Manu/Del:Cannabis Over 10 Gms | |

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|-----------------------------------|--|--|---|--|-----------------------|--|------------------------|--|---------------------|------------------------|---------------------|---------------------|--|---------------------------------|--|
| MEMBER INVOLVED | 1 DATE OF INCIDENT 15-JUN-2012 | | TIME 17:54:00 | | 2 ADDRESS OF OCCURRENCE [REDACTED] | | | | 3 LOCATION CODE 303 | | 4 BEAT/OCCUR 0735 | | | | | | | | | | | | |
| | 5 POSITION 9161 | | 6 LAST NAME SLEDGE | | 7 FIRST NAME EUGENE L | | 8 STAR NO 7704 | | 9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10 RACE CODE BLK | | 11 AGE [REDACTED] | | 12 HT 511 | | 13 WT 235 | | | | | | |
| | 14 DATE OF APPT 29-SEP-2003 | | 15 EMPLOYEE NO [REDACTED] | | 16 UNIT & BEAT OF ASSIGNMENT 007 0735 | | 17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | | | |
| SUBJECT INFORMATION | 20 LAST NAME [REDACTED] | | | | 21 FIRST NAME [REDACTED] | | | | 22 M I [REDACTED] | | 23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24 RACE BLK | | 25 D O B [REDACTED] | | 26 HT 508 | | 27 WT 185 | | | | |
| | SUBJECT ARMED? HANDS/FISTS <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | 31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | | |
| | 35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | | | | | | | | | |
| 36 CHARGES PLACED 720 ILCS 5.0/12-3-A-2 | | | | | | | | | | | | | | | | | | 37 CB NO [REDACTED] | | IR NO [REDACTED] | | DNA <input type="checkbox"/> | |
| REASON FOR USE OF FORCE (Check all that apply) | 38 DNA <input type="checkbox"/> | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT ASSAULT | | ASSAILANT BATTERY | | ASSAILANT DEADLY FORCE | | | | | | | | | | | | |
| | SUBJECT'S ACTIONS | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | | | | | | | | |
| | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input checked="" type="checkbox"/> | | OTHER _____ | | OTHER _____ | | ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | | | | | | | | | | |
| MEMBERS RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | | | | | | | | | | |
| | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | | | |
| | ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | WRESTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | OTHER _____ | | | | | | | | | | | | | | | | | | | | | |
| 39 DNA <input type="checkbox"/> | * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | | 40 ADDITIONAL INFORMATION | | | | | | | | | | | | | | | | | | |
| | POSITION | | STAR NO | | UNIT | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 41 WEAPON TYPE | <input type="checkbox"/> 01 REVOLVER | | <input type="checkbox"/> 04 SEMI-AUTO PISTOL | | 42 INCIDENT OCCURRED | | 43 LIGHTING CONDITIONS | | 44 WEATHER CONDITIONS | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 02 RIFLE | | <input type="checkbox"/> 05 CHEMICAL WEAPON | | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk | | CLEAR | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 03 SHOTGUN | | <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) | | | | <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | | | | | | | | | | | | | | | |
| 45 MAKE/MANUFACTURER | | 46 MODEL | | 47 BARREL LENGTH | | 48 CALIBER/GAUGE | | | | | | | | | | | | | | | | | |
| 49 TASER DART ID NO C31013163 | | 50 WEAPON SERIAL No (Include Letters) XOO-570647 | | 51 CHICAGO GUN REG NO | | 52 IL FIREARM OWNER ID NO | | 53 HANDGUN CERTIFICATE NO | | | | | | | | | | | | | | | |
| 54 SPECIAL WEAPON CERTIFICATE NO | | 55 PROPERTY INVENTORY NO | | 56 TYPE OF AMMUNITION USED | | 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58 TOTAL NO OF SHOTS MEMBER FIRED | | | | | | | | | | | | | | | |
| 59 WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED | | 62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | | | | | <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) | | | | | | | | | | | | | | | | | |
| 63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) | | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | | | | | | | | | | | | | | | | | |
| 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT | | | | | | | | | | | | | | | | | | | | | |
| 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | |
| CASE INFO. | 72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR | | | | | | | | | | | | | | | | | | | | | | |
| | NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV | | | | | | | | | | | | | | | | | | | | | | |
| | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 73 REPORTING MEMBER (Print Name) SLEDGE, EUGENE L | | STAR/EMPLOYEE NO 7704 | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | |
| | 15-JUN-2012 21:17:52 | | | | | | | | | | | | | | | | | | | | | | |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below | | | | | | | | | | | | | | | | | | | | | | |
| 74 REVIEWING SUPERVISOR (Print Name) PAPAIANOANNOU, CHRIS | | STAR NO 1686 | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | | | | | | |
| | | | | DATE REVIEWED TIME 15-JUN-2012 21:20:46 | | | | | | | | | | | | | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Assailant at hospital

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer used legal and necessary force on the assailant log [REDACTED] obtained

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

FIDLER, BRENT S

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

15-JUN-2012 21:47:00

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

| | | | | | |
|----------|--------------------|--|------------|------------------|--|
| OFFENDER | Name: | | Beat: 1125 | Male | |
| | Res: | | | Black | |
| | DOB: | | | 5' 08" | |
| | AGE: 22 years | | | 160 lbs | |
| | POB: Illinois | | | Brown Eyes | |
| | ARMED WITH Unarmed | | | Black Hair | |
| | | | | Short Hair Style | |
| | | | | Dark Complexion | |
| | | | | Marks: | |

| | | | | | |
|----------|---------------------------------------|--------------------|------------------------|----------------|-------------|
| INCIDENT | Arrest Date: 22 June 2012 23:57 | TRR Completed? Yes | Total No Arrested: 1 | Co-Arrests | Assoc Cases |
| | Location: | Beat: 1331 | | DCFS Ward ? No | |
| | 303 - Sidewalk | | | | |
| | Holding Facility: District 018 Lockup | | | | |
| | Resisted Arrest? Yes | | Dependent Children? No | | |

| | | | | |
|---------|---|------------------|--|----------------------|
| CHARGES | 1 | Offense As Cited | 720 ILCS 550.0/5.2-C | Victim |
| | | | CANNABIS - MFG/DEL - SCHOOL - 10-30 GRMS | P.O. R.Caceres #9141 |
| | | | Class 3 - Type F | |
| | 2 | Offense As Cited | 720 ILCS 550.0/4-C | P.O. R.Caceres #9141 |
| | | | CANNABIS - POSSESS 10-30 GRMS | |
| | | | Class A - Type M | |
| | 3 | Offense As Cited | 10-8-515 | P.O. R.Caceres #9141 |
| | | | SOLICITING UNLAWFUL BUSINESS | |
| | | | Class L - | |
| | 4 | Offense As Cited | 720 ILCS 5.0/31-1-A | P.O. F.Carreto #6083 |
| | | | RESIST/PC OFF/CORR EMP/FRFTR | |
| | | | Class A - Type M | |

| | | | | |
|------------------------|------------------|-------------------------|-------|------------------------|
| RECOVERED NARCOTICS | Type | Approx. Weight/Quantity | Units | Estimated Street Value |
| | Suspect Cannabis | 12.7 | GRAMS | \$120.00 |

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

ARREST REPORTING

| VICTIM AND COMPLAINANT | | | | | |
|---|---|---|---|--------------|---|
| NON-OFFENDER(S) | <table><tr><td>Name: P.O. R.CACERES #9141 Empl: 937 N Wood St Chicago, IL 60622 BUS : 13127468356</td><td>Beat: 1322</td><td>DOB: Age:</td><td>Injured? No Deceased? No Hospitalized? No Treated and Released? No</td></tr></table> | Name: P.O. R.CACERES #9141 Empl: 937 N Wood St Chicago, IL 60622 BUS : 13127468356 | Beat: 1322 | DOB: Age: | Injured? No Deceased? No Hospitalized? No Treated and Released? No |
| Name: P.O. R.CACERES #9141 Empl: 937 N Wood St Chicago, IL 60622 BUS : 13127468356 | Beat: 1322 | DOB: Age: | Injured? No Deceased? No Hospitalized? No Treated and Released? No | | |

ARREST REPORTING

Injuries: Laceration

ARREST REPORTING

TO BOTH RIGHT AND LEFT HANDS

Comments:

VICTIM AND COMPLAINANT

Name: P.O. E. ESCALANTE #11360

Empl: 937 N Wood St
Chicago, IL 60622
131-274-6835

Beat: 1322

DOB:

Age:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

ARREST REPORTING

Injuries: Bruised

ARREST REPORTING

BOTH RIGHT AND LEFT WRIST

Comments:

VICTIM AND COMPLAINANT

Name: P.O. F.CARRETO #6083

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

ARREST REPORTING

Injuries: Abrasions

ARREST REPORTING

ON RIGHT ELBOW
Comments:

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] ADDRESS OF ARREST [REDACTED] NO INVESTIGATIVE ALERTS, NAME CHECK CLEAR PER LEADS, SELF ADMITTED BLACK SOUL STREET GANG MEMBER. A/O'S WERE ON ROUTINE PATROL IN LOCATION KNOWN FOR NARCOTIC SALES/GANG VIOLENCE. A/O'S OBSERVED ABOVE SUBJECT ON THE STREET CORNER YELLING OUT "GOT THAT WEED," WHILE ROLLING UP A CIGAR THAT IS KNOWN FOR SMOKING CANNABIS/BLUNT,"WEED" IS A KNOWN STREET TERM FOR CANNABIS. A/O'S APPROACHED TO MAKE THE ARREST FOR SOLICITING UNLAWFUL BUSINESS, AS A/O'S EXITED THEIR VEHICLE ABOVE SUBJECT THEN FLED ON FOOT. WHILE A/O'S GAVE CHASE A/O ESCALANTE #11360 OBSERVED ABOVE SUBJECT TOSS TO THE GROUND, (1) HAND ROLLED CIGAR CONTAINING SUSPECT CANNABIS, AND (1) CLEAR PLASTIC ZIP-LOCK BAGGIE CONTAINING SUSPECT CANNABIS, BOTH ITEMS WERE RECOVERED BY A/O ESCALANTE #11360. A/O'S CONTINUED THE CHASE WHILE RADIOING IN FOR ASSISTANCE. DURING THE CHASE A/O ESCALANTE LOST HIS FOOTING AND FELL TO THE GROUND CAUSING NUMEROUS INJURIES. SUBJECT ABOVE WAS THEN SHORTLY PLACED INTO CUSTODY BY P.O.CARRETO #6083 AND P.O.GUERECA #6486 PRIOR TO BEING PLACED INTO CUSTODY SUBJECT ABOVE WAS UNSUCCESSFULLY TASERED BY P.O.CARRETO #6083, AFTER OFFENDER CONTINUED TO FLEE WHILE BEING GIVEN SEVERAL VERBAL COMMANDS TO STOP. A CUSTODIAL SEARCH WAS CONDUCTED ON SUBJECT ABOVE A/O CACERES #9141 DISCOVERED (1) CLEAR PLASTIC KNOTTED SANDWICH BAG CONTAINING SUSPECT CANNABIS, AND (8) CLEAR PLASTIC ZIP-LOCK LOOSE EMPTY BAGGIES BOTH IN HIS RIGHT FRONT PANT POCKET. SUBJECT ABOVE WAS WITHIN 1000 FT. OF MARY NAPES DODGE ELEMENTARY SCHOOL WHILE IN POSSESSION OF CANNABIS. SUBJECT WAS PLACED INTO CUSTODY, AND TRANSPORTED INTO 013 DISTRICT FOR PROCESSING. INV [REDACTED] FOR HAND ROLLED CIGAR CONTAINING SUSPECT CANNABIS AND PLASTIC BAGGIE CONTAINING SUSPECT CANNABIS, INV [REDACTED] FOR PLASTIC SANDWICH BAG CONTAINING SUSPECT CANNABIS, INV [REDACTED] FOR LOOSE EMPTY BAGGIES.

ARREST REPORTING

| COURT INFO | BOND INFO |
|--|--------------------------------|
| Desired Court Date: 25 July 2012 Branch: 44-2 3150 W FLOURNOY - Room Court Sgt Handle? No Initial Court Date: 23 June 2012 Branch: CBC-1 2600 S CALIFORNIA - Room Docket #: | BOND INFORMATION NOT AVAILABLE |

| REPORTING PERSONNEL |
|---|
| ATTESTING OFFICER: I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief. |
| Attesting Officer: #9141 CACERES, R [REDACTED] 23 JUN 2012 02 18 |
| ARRESTING OFFICER(S): |
| 1st Arresting Officer: #9141 CACERES, R [REDACTED] Beat 1363E 2nd Arresting Officer: #11360 ESCALANTE, B [REDACTED] Beat 1363E |
| APPROVING SUPERVISOR: |
| Approval of Probable Cause : #613 O'SULLIVAN, B A [REDACTED] 23 JUN 2012 02 23 |

ARREST PROCESSING REPORT

Holding Facility: District 018 Lockup
Received in Lockup: 23 June 2012 03 30
Prints Taken: 23 June 2012 03 36
Palprints Taken: Yes
Photograph Taken: 23 June 2012 03 37
Released from Lockup:

Time Last Fed:
Time Called: Phone#:
Cell #: 6 - Placed in one person cell
Transport Details : 2PO 1323R 23-JUN-2012 00 09

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

| | | | Beat |
|------------------------------|--------|--------------------------|-------|
| Searched By: | #11885 | WOLANSKI, J L [REDACTED] | |
| Lockup Keeper: | | SOLAK, T M [REDACTED] | |
| Assisting Arresting Officer: | #16125 | VALENTI, K M [REDACTED] | 1363E |
| Assisting Arresting Officer: | #6083 | CARRETO, F [REDACTED] | 1363B |
| Assisting Arresting Officer: | #6486 | GUERECA, A [REDACTED] | 1363B |
| Fingerprinted By: | #11885 | WOLANSKI, J L [REDACTED] | |

APPROVAL PERSONNEL:

| | | | Beat |
|-----------------------------|-------|---------------------------|-------------------|
| Final Approval of Charges : | #1081 | DEL PILAR, J J [REDACTED] | 23 JUN 2012 07 24 |

**TASER Information**

Serial # *X00-560752*
Model # *X26*
X26 Software Version *22*
Dataport CD Version *17.9*
Record Date Range *06/22/2012 - 06/23/2012*
Computer Time Zone *Central Standard Time*
**DST*
Using Daylight Savings Time *Yes*

Downloaded By

Name *Barbara O'Sullivan*
Dept *CPD*
Rank *Lt*
Windows Version *Windows XP*
Report Generated *06/23/12 00:22:26*
(local)

Recorded Firing Data

| Seq | GMT Time | Local Time | Duration | Temp | Battery |
|------|-------------------|-------------------|----------|------|---------|
| 0008 | 06/23/12 05:07:12 | 06/23/12 00:07:12 | 10 | 28 | 86 |
| 0009 | 06/23/12 05:07:17 | 06/23/12 00:07:17 | 5 | 28 | 85 |

Recorded X26 Time Changes

| Seq | GMT Time | Local Time | Change Type |
|------|-------------------------------|-------------------|-------------|
| 0001 | Incomplete Time Change Record | | |
| 0002 | 10/25/10 19:46:20 | 10/25/10 14:46:20 | FROM |
| 0003 | 10/25/10 19:46:20 | 10/25/10 14:46:20 | TO |
| 0004 | 01/01/00 00:48:51 | 12/31/99 18:48:51 | FROM |
| 0005 | 01/23/11 08:44:10 | 01/23/11 02:44:10 | TO |
| 0006 | 01/01/00 00:02:11 | 12/31/99 18:02:11 | FROM |
| 0007 | 12/13/11 15:43:41 | 12/13/11 09:43:41 | TO |

End of Report.

| | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|---|--|--|--|--|---|--|---|--|--|--|-----------------------------|--|---------------------|--|---------------------|--|
| 1 DATE OF INCIDENT 22-JUN-2012 | | TIME 23:57:00 | | 2 ADDRESS OF OCCURRENCE [REDACTED] | | 3 LOCATION CODE 303 | | 4 BEAT/OCCUR 1331 | | | | | | | | | | |
| MEMBER INVOLVED | 5 POSITION 9161 | | 6 LAST NAME GUERECA | | 7 FIRST NAME ANTONIO | | 8 STAR NO 6486 | | 9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10 RACE CODE S | | 11 AGE [REDACTED] | | 12 HT 509 | | 13 WT 238 | |
| | 14 DATE OF APPT 30-JUL-2001 | | 15 EMPLOYEE NO [REDACTED] | | 16 UNIT & BEAT OF ASSIGNMENT 013 1363B | | 17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| SUBJECT INFORMATION | 20 LAST NAME [REDACTED] | | 21 FIRST NAME [REDACTED] | | 22 M I [REDACTED] | | 23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24 RACE BLK | | 25 D O B [REDACTED] | | 26 HT 508 | | 27 WT 160 | | | |
| | 28 NE NO [REDACTED] | | 30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | |
| 33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | 34 BY WHOM? [REDACTED] | | 35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | |
| 36 CHARGES PLACED 720 ILCS 5.0/31-1-A, 10-8-515, 720 ILCS 550.0/4-C, 720 ILCS 550.0/5.2-C | | 37 CB NO [REDACTED] | | IR NO [REDACTED] | | DNA <input type="checkbox"/> | | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38 DNA <input type="checkbox"/> | | SUBJECT'S ACTIONS | | MEMBER'S RESPONSE | | | | | | | | | | | | | |
| | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT ASSAULT | | ASSAILANT BATTERY | | ASSAILANT DEADLY FORCE | | | | | | | | | |
| DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | | | | | | |
| STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | | | | | | | | |
| OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | | | | | | |
| MEMBER PRESENCE <input type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input type="checkbox"/> | | | | | | | | | | |
| VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | | | | | | |
| ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | | | |
| WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 39 DNA <input checked="" type="checkbox"/> | | 40 ADDITIONAL INFORMATION | | | | | | | | | | | | | | | | |
| POSITION | | STAR NO | | UNIT | | | | | | | | | | | | | | |
| 41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | | 44 WEATHER CONDITIONS CLEAR | | | | | | | | | | | | |
| 45 MAKE/MANUFACTURER | | 46 MODEL | | 47 BARREL LENGTH | | 48 CALIBER/GAUGE | | | | | | | | | | | | |
| 49 TASER DART ID NO | | 50 WEAPON SERIAL No (Include Letters) | | 51 CHICAGO GUN REG NO | | 52 IL FIREARM OWNER ID NO | | 53 HANDGUN CERTIFICATE NO | | | | | | | | | | |
| 54 SPECIAL WEAPON CERTIFICATE NO | | 55 PROPERTY INVENTORY NO | | 56 TYPE OF AMMUNITION USED | | 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER | | 58 TOTAL NO OF SHOTS MEMBER FIRED | | | | | | | | | | |
| 59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61 NO OF CATRIDGES/ SHOT SHELLS RELOADED | | 62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | | |
| 63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | |
| 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT | | | | | | | | | | | | | | | | |
| 68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | |
| 70 EVENT NO | | | | | | | | | | | | | | | | | | |
| 71 RD NO | | | | | | | | | | | | | | | | | | |
| 72 CASE INFO. | | | | | | | | | | | | | | | | | | |
| NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR | | | | | | | | | | | | | | | | | | |
| NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV | | | | | | | | | | | | | | | | | | |
| Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report | | | | | | | | | | | | | | | | | | |
| 73 REPORTING MEMBER (Print Name) GUERECA, ANTONIO 23-JUN-2012 01:05:37 | | STAR/EMPLOYEE NO 6486 | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | |
| 74 REVIEWING SUPERVISOR (Print Name) MANNING, RYAN M | | STAR NO 844 | | SIGNATURE [REDACTED] | | DATE REVIEWED 23-JUN-2012 01:22:01 | | TIME 01:22:01 | | | | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The arrestee related to R/Lt not verbatim that he ran from the officers because he did not know they were the police

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers in this case acted within Department rules, regulations, directives and laws in regards to this incident

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1054992 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

O'SULLIVAN, BARBARA A

SIGNATURE



DATE COMPLETED

TIME

23-JUN-2012 02:07:46

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)